

**DEPARTMENT OF PUBLIC SERVICE REGULATION  
APPLICATION FOR INTRASTATE CERTIFICATE OF  
PUBLIC CONVENIENCE AND NECESSITY**

**THE PUBLIC SERVICE COMMISSION  
OF THE STATE OF MONTANA**

1701 Prospect Avenue   P.O. Box 202601   Helena, Montana 59620-2601   (406) 444-6195

Application is hereby made to the Public Service Commission of the State of Montana for an intrastate certificate of public convenience and necessity, as provided by Chapter 12 of Title 69, MCA, as amended, and in this behalf it is respectfully represented:

**PLEASE ANSWER EACH QUESTION DEFINITELY**  
(Print or Type Information)

1. **Applicant Name** \_\_\_\_\_  
Business Name (if any) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
Street or P.O. Box  
\_\_\_\_\_  
City State Zip Code  
Physical Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code  
Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_  
Fax Number \_\_\_\_\_
2. **Business Information:** Indicate the applicant's business organization, providing the following information:  
\*\* Sole Proprietorship. Proprietor \_\_\_\_\_  
\*\* Partnership General Limited (circle one)  
Name of general partners: \_\_\_\_\_  
\_\_\_\_\_  
Corporation. State in which incorporated \_\_\_\_\_  
Does any single shareholder own more than 50% of this corporation? \_\_\_\_\_ **NO** \_\_\_\_\_ **YES**  
If "yes", name the shareholder: \_\_\_\_\_  
Name the corporate officers: \_\_\_\_\_
3. **PSC Number:** If the Applicant has ever held Montana intrastate motor carrier authority, list the MRC or PSC number under which said authority was issued: \_\_\_\_\_.
4. Applicant proposes to operate as a Class \_\_\_\_\_  
(Class A, B, C, or D)

5. Applicant proposes to transport the following: **(check one box only)**

- ☐ Passengers
- ☐ Passengers in limousine service
- ☐ Household goods
- ☐ Garbage
- ☐ Other. Please specify \_\_\_\_\_

6. List proposed geographic areas of service (scope of authority).

---

---

---

7. If Applicant proposes to operate as a Class C contract carrier, complete the following:

(a) List complete names of proposed shippers:

---

---

---

---

(b) Attach to this application pursuant to 69.12.313, MCA, the proposed written contract executed between the Applicant and each shipper listed above.

8. Applicant believes a public need exists for the proposed transportation service because: \_\_\_\_\_

---

---

---

(Must be amply supported by evidence at hearing)

9. LIST OF EQUIPMENT

Year and Make of Vehicle	Seating Capacity	OR	Tonnage Capacity

10. PROPOSED TIME SCHEDULE (Required only of Class A carriers)

Mileage	Stations	Read Down	Read Up
		Lv.	Ar.
		Ar.	Lv.

Description	Assets	Liabilities
Total		

14. **IMPORTANT** - You must read and if granted a certificate of public convenience and necessity by this Commission, comply with all of the rules and regulations of the Commission and the laws of the State of Montana pertaining to motor carriers. **Will you do so?** ☐ Yes ☐ No

15. Applicant understands that the filing of this application does not in itself constitute authority to operate.

16. Enclosed is a bank draft, money order or check for the \$500.00 filing fee. If the application does not go to public hearing \$300.00 of this fee will be refunded. Applicant will be contacted for Tax ID Number or Social Security Number information at that time.

17. In the event the evidence at the hearing indicates the applicant is entitled to receive a form of authority other than applied for, such other form of authority, either Class A, B, C, or D will be granted.

### SIGNATURE OF APPLICANT

STATE OF MONTANA, ) ss.  
County of \_\_\_\_\_ )

\_\_\_\_\_, being first duly sworn, deposes and says that he is the applicant named above; that he has read the foregoing application and knows the contents thereof; that the same is true of his own knowledge, except as to matters which are therein stated on information or belief, and as to those matters, he believes it to be true.

Date \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20

( S E A L )

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission expires \_\_\_\_\_

As all applications for certificates of public convenience and necessity must be supported by evidence from witnesses other than applicant, the following affidavit must be prepared by the supporting witnesses. All affidavits are to be attached to the application prior to the submission of the application to the Public Service Commission.

Applicant MUST attach to this application affidavits of support from supporting witnesses who will testify in applicant's behalf. These affidavits must be signed by the individual, or by an authorized representative of the corporation, association, or partnership, upon whose support the applicant intends to rely.

Except for good cause shown, no application for certificate of public convenience and necessity will be accepted for filing unless it is accompanied by the certifications of support of such witnesses. The submission of the certifications will not prevent applicant from presenting evidence of additional witnesses. The certifications of support will not be considered as supporting evidence but merely as notification to the Commission of the type and quantity of evidence to be received. The certifications will serve the additional purpose of notifying this Commission of the approximate number of witnesses who will be present in support of an application.

**AFFIDAVIT  
(TO BE COMPLETED BY A SUPPORTING SHIPPER)**

Shipper's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the above-named shipper (one who arranges for and/or pays for the transportation), support the application by \_\_\_\_\_ for a Montana Intrastate Certificate of Public Convenience and Necessity.

Specifically, I have a need for the transportation of \_\_\_\_\_  
(passengers, household goods, garbage)  
within the following service area: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have found the service provided by existing carriers to be inadequate because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a public hearing is held on the application, either I or an authorized and qualified representative of my corporation/association/partnership will appear and testify on the applicant's behalf.

Should the support for this application be withdrawn or changed in whole or part, I agree to inform the Public Service Commission of the State of Montana, 1701 Prospect Avenue, P.O. Box 202601, Helena, Montana 59620-2601.

The undersigned hereby states that he is duly qualified and authorized to make this certification of support.

Dated \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Firm, corporation, association, partnership, etc., represented)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Telephone Number)

**AFFIDAVIT**  
**(TO BE COMPLETED BY A SUPPORTING SHIPPER)**

Shipper's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the above-named shipper (one who arranges for and/or pays for the transportation), support the application by \_\_\_\_\_ for a Montana Intrastate Certificate of Public Convenience and Necessity.

Specifically, I have a need for the transportation of \_\_\_\_\_  
(passengers, household goods, garbage)  
within the following service area: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have found the service provided by existing carriers to be inadequate because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a public hearing is held on the application, either I or an authorized and qualified representative of my corporation/association/partnership will appear and testify on the applicant's behalf.

Should the support for this application be withdrawn or changed in whole or part, I agree to inform the Public Service Commission of the State of Montana, 1701 Prospect Avenue, P.O. Box 202601, Helena, Montana 59620-2601.

The undersigned hereby states that he is duly qualified and authorized to make this certification of support.

Dated _____, 19____	_____
	(Firm, corporation, association, partnership, etc., represented)
_____ (Signature)	_____ (Address)
_____ (Title)	_____ (Telephone Number)